Case Number:	CM13-0055115		
Date Assigned:	03/31/2014	**Date of Injury:**	08/14/2009
Decision Date:	05/23/2014	**UR Denial Date:**	10/23/2013
Priority:	Standard	**Application Received:**	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old male who reported an injury on 09/14/2009. The mechanism of injury was not provided. The progress report dated 09/17/2013 indicated the injured worker continued to have complaints of low back pain that he rated at an 8/10. It was noted the physician had decreased OxyContin to 40 mg which had caused decreased functional status secondary to increased pain. Upon examination of the lumbar spine, there were spasms present. Range of motion was limited and painful. Lasegue's was positive bilaterally. Straight leg raise was positive at 60 degrees bilaterally. Sensation was noted to be decreased at the L4 distribution bilaterally. It was noted there was radiculopathy at the L5 distribution. The diagnoses provided were lumbar discogenic disease; lumbar spondylosis; left L5 radiculopathy; status post lumbar spine fusion; and major depressive disorder. Medications included Norflex 100 mg 3 times daily, Norco 10/325 mg 4 times daily, Temazepam 30 mg at bedtime, Anaprox, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NORFLEX 100MG, 1 PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

Decision rationale: The request for Norflex 100 mg, 1 by mouth 3 times a day #90 is non-certified. The California MTUS states that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back cases, they showed no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish over time, and prolong use of some medications in this class may lead to dependence. The records submitted for review failed to include documentation of the effectiveness, objective functional improvement, and the occurrence or nonoccurrence of side effects while the patient was utilizing Norflex. As such, the request for Norflex 100 mg, 1 by mouth 3 times a day #90 is not supported. Therefore, the request is not medically necessary.

NORCO 10/325MG, 1 PO QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg, 1 by mouth 4 times a day #120 is non-certified. The California MTUS states that 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Pain assessment should include current pain; the last reported pain over the period since last assessment; average pain; intensity of pain after taking opioid, how long it takes for pain relief; and how long pain relief lasts. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework of documentation of the clinical use of these controlled drugs. The records submitted for review failed to include documentation of inadequate pain and assessment to include least reported pain, pain, and intensity of pain after taking opioid, how long it takes for pain relief; and how long pain relief lasts. In addition, the records submitted for review failed to include documentation of objective functional improvement and the occurrence or nonoccurrence of side effects while the patient was utilizing Norco. As such, the request for Norco 10/325 mg, 1 by mouth 4 times a day #120 is not supported. Therefore, the request is not medically necessary.

OXYCONTIN 60MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The request for OxyContin 60 mg #90 is non-certified. The California MTUS states that 4 domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug related behaviors. Pain assessment should include current pain; the last reported pain over the period since last assessment; average pain; intensity of pain after taking opioid, how long it takes for

pain relief; and how long pain relief lasts. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework of documentation of the clinical use of these controlled drugs. The records submitted for review failed to include documentation of inadequate pain and assessment to include least reported pain, pain, and intensity of pain after taking opioid, how long it takes for pain relief; and how long pain relief lasts. In addition, the records submitted for review failed to include documentation of objective functional improvement and the occurrence or nonoccurrence of side effects while the patient was utilizing Norco. In addition, the request as it was submitted failed to include the frequency for the requested medication and therefore, necessity cannot be determined. As such, the request for OxyContin 60 mg #90 is not supported. Therefore, the request is not medically necessary.